

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

In re:

THE FINANCIAL OVERSIGHT AND
MANAGEMENT BOARD FOR PUERTO RICO,

as representative of

THE COMMONWEALTH OF PUERTO RICO, *et*
al.,

Debtors.¹

PROMESA

Title III

No. 17 BK 3283-LTS

(Jointly Administered)

This filing relates to the
Commonwealth, HTA, and
ERS.

**CLAIMANT RESPONSE TO ONE HUNDRED SIXTY-FOURTH OMNIBUS
OBJECTION**

Instructions

1. You should fill out and file this response form only if your claim relates to current or former employment with the government of Puerto Rico, or if your claim relates to a pending or closed legal action. If your claim does not arise from current or former employment with the government of Puerto Rico, or if your claim does not relate to a pending or closed legal action, your response must be filed in accordance with the procedures detailed in pages 3-4 of the Notice accompanying the One Hundred Sixty-Fourth Omnibus Objection.
2. Please file a separate response form for each proof of claim to which the Debtors have objected. Do not file a single response form addressing more than one claim.
3. Please answer all questions and any applicable sub-questions.
4. Please include as much detail as possible in your responses.

a. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate

¹ The Debtors in these Title III Cases, along with each Debtor's respective Title III case number and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico (the "Commonwealth") (Bankruptcy Case No. 17 BK 3283-LTS) (Last Four Digits of Federal Tax ID: 3481); (ii) Puerto Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17 BK 3284-LTS) (Last Four Digits of Federal Tax ID: 8474); (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17 BK 3567-LTS) (Last Four Digits of Federal Tax ID: 3808); (iv) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17 BK 3566-LTS) (Last Four Digits of Federal Tax ID: 9686); (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17 BK 4780-LTS) (Last Four Digits of Federal Tax ID: 3747); and (vi) Puerto Rico Public Buildings Authority ("PBA", and together with the Commonwealth, COFINA, HTA, ERS, and PREPA, the "Debtors") (Bankruptcy Case No. 19-BK-5532-LTS) (Last Four Digits of Federal Tax ID: 3801) (Title III case numbers are listed as Bankruptcy Case numbers due to software limitations).

as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim.

- b. If available and applicable to your claim, please provide:
- Copy of a pleading, such as a Complaint or an Answer;
 - Any unpaid judgment or settlement agreement;
 - Written notice of intent to file a claim with proof of mailing; and
 - Any and all documentation you believe supports your claim.
5. If you do not have a copy of your claim, you may download a copy by visiting Prime Clerk's website at: <https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.
6. You must sign your response where indicated below. If you do not sign your response, the clerk will not accept it for filing.
7. Please file the completed form and any supporting documents as directed in the Notice accompanying the Omnibus Objection to your claim.

Questionnaire

1. Please provide a name, address, telephone number, and email address of either (1) the responding claimant; (2) the claimant's attorney or designated representative to whom the attorneys for the Commonwealth, HTA, or ERS should serve a reply to the response, if any; or (3) the party with authority to reconcile, settle, or otherwise resolve the Omnibus Objection on the claimant's behalf.

☐ Name: Ramon Pérez Maestre

☐ Address: 426 Villa Rita Rd - GG
San Sebastián PR 00685

☐ Telephone number: 787-438-8005

☐ Email address: _____

2. Your Proof of Claim number: 169 866
3. The Debtors have objected to your Proof of Claim because it does not provide sufficient information for the Debtors to understand the basis for your claim. Please check the box to which your Proof of Claim relates and explain the reason why you oppose the objection by explaining the basis for your claim. Attach additional pages if needed.

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico

Jubilado - Autoridad Tropa.

Please attach a copy of any other documentation or other evidence in support of your claim.

4. What is the amount of your claim (how much money do you claim to be owed):

40,000.00

5. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

☐ No. Please continue to Question 6.

☒ Yes. Answer Questions 5(a)-(d).

5(a). Identify the specific agency or department where you were or are employed:

Autoridad de Tránsito - Corp Aduanera

5(b). Identify the dates of your employment related to your claim:

Desde 1968 hasta 1996

5(c). Last four digits of your social security number:

5(d). What is the nature of your employment claims (select all applicable):

☒ Pension

☒ Unpaid Wages

☒ Sick Days

☒ Union Grievance

☒ Vacation

☒ Other (Provide as much detail as possible. Attach additional pages if necessary).

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6. **Legal Action.** Does your claim relate to a pending or closed legal action?

☐ No.

☒ Yes. Answer Questions 6(a)-(f).

6(a). Identify the department or agency that is a party to the action.

Autoridad de Tránsito

6(b). Identify the name and address of the court or agency where the action is pending:

6(c). Case number: Gob. mro Puerto Rico

6(d). Title, Caption, or Name of Case:

De grado

6(e). Status of the case (pending, on appeal, or concluded):

6(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment?

PLEASE SIGN YOUR RESPONSE BELOW

Signature

Printed Name

Date